

BALTIMORE CITY ETHICS BOARD

626 City Hall

Baltimore, Maryland 21202

Phone: 410-396-4730 Fax: 410-396-8483

<http://www.baltimorecity.gov/Government/BoardsandCommissions/EthicsBoard.aspx>

LATE FEE: \$2/DAY

**IMPORTANT:
CAREFULLY READ
ACCOMPANYING DIRECTIONS**

**FINANCIAL DISCLOSURE STATEMENT
FOR
OFFICIALS AND EMPLOYEES GENERALLY**

NOTE: *Bold-italicized terms* are defined in the accompanying Financial Disclosure Directions, which should be reviewed carefully before completing this Statement.

PART A. IDENTITY OF STATEMENT MAKER

All filers:

Last Name Cole, IV First and Middle Names William H.
Principal Residence 2 [REDACTED] W. Hill Street
Baltimore, MD 21230
Residence Telephone ([REDACTED]) [REDACTED]

All filers *except* candidates for elected office:

Agency (Dep't, Division, Bureau) Baltimore City Council
Position with Agency Councilmember, District 11
Office Address 527 City Hall
100 N. Holliday Street
Baltimore, MD 21202
Office Telephone (410) 396-4816 Email Address: william.cole@baltimorecity.gov

Candidates for elected office:

Office Sought [REDACTED]

PART B. TYPE OF STATEMENT/REPORTING PERIOD COVERED

All filers must check the applicable type of Statement and specify the year for which it is filed:

☒ Annual Statement ☐ Entry Statement ☐ Departure Statement ☐ Candidate's Statement

For Calendar Year 2011.

Persons filing a Departure Statement must also complete the following (*see Directions at Part III(c)(2)*):

This Statement also covers the period of January 1, 20 through , 20

PART C. RECEIPT BY ETHICS BOARD

NOTE: To be completed only by Ethics Board.

This Statement and accompanying Schedules were received for filing on 4/30/2011

[Signature]
For Board of Ethics

PART D. DISCLOSURES

1. INTERESTS IN REAL PROPERTY

During the *reporting period* covered by this Statement, did any of the following have any *interest* in any real property (including property purchased or leased as your or their personal residence), whether located in or outside Baltimore City?

If you answer "yes" to any of these, complete and attach **Schedule 1**.

a. You

☒ Yes ☐ No

b. A *family member* (if you directly or indirectly controlled that *family member's interest*)

☒ Yes ☐ No

c. An *attributable entity*

☐ Yes ☒ No

d. A partnership, limited liability partnership, limited liability company, or other unincorporated entity in which you, a *family member* (if you directly or indirectly controlled that *family member's interest*), or an *attributable entity* held an interest

☐ Yes ☒ No

2. INTERESTS IN BUSINESS ENTITIES

During the *reporting period* covered by this Statement, did any of the following have any *interest* in any *business entity*?

If you answer "yes" to any of these, complete and attach **Schedule 2**.

a. You

☒ Yes ☐ No

b. A *family member* (if you directly or indirectly controlled that *family member's interest*)

☐ Yes ☒ No

c. An *attributable entity*

☐ Yes ☒ No

3. POSITIONS WITH *BUSINESS ENTITIES DOING BUSINESS WITH CITY*

During the *reporting period* covered by this Statement, did any of the following hold an office, directorship, salaried employment, or similar position with any *business entity* that does *business with the City* {or is regulated by or lobbies before the *City*}?

If you answer "yes" to any of these, complete and attach **Schedule 3**.

a. You

☐ Yes ☒ No

b. Your spouse or child

☐ Yes ☒ No

c. Your parent or sibling (to the extent known to you)

☐ Yes ☐ No

4. GIFTS (INCLUDING TRAVEL EXPENSES) FROM *PERSONS DOING BUSINESS WITH CITY*

During the *reporting period* covered by this Statement, did any of the following accept, directly or indirectly, any *significant gift* (including payment of travel expenses) from any *person* that (i) does *business with the City* {or is regulated by or lobbies before the *City*} or (ii) is an owner, partner, officer, director, trustee, employee, or agent of any *person* that does *business with the City* {or that is regulated by or lobbies before the *City*}?

If you answer "yes" to any of these, complete and attach **Schedule 4**.

a. You

☐ Yes ☒ No

b. A *family member* or other *person* at your direction

☐ Yes ☒ No

5. DEBTS TO *PERSONS DOING BUSINESS WITH CITY*

During the *reporting period* covered by this Statement, were any of the following indebted to any *person* that does *business with the City* {or is regulated by or lobbies before the *City*}?

Note: The following debts need not be reported: (i) utility accounts (e.g., telephone, gas, or electric accounts); or (ii) retail credit or installment sales accounts (e.g., credit card purchases or advances; car or appliance financing through dealer or established lender).

If you answer "yes" to any of these, complete and attach **Schedule 5**.

a. You

☐ Yes ☒ No

b. A *family member* (if you were involved in the transaction giving rise to the debt)

☐ Yes ☒ No

6. FAMILY MEMBERS EMPLOYED BY CITY

During the *reporting period* covered by this Statement, were any of the following employed by the *City*?

If you answer "yes" to any of these, complete and attach **Schedule 6**.

a. Your spouse or child

☐ Yes ☒ No

b. Your parent or sibling

☐ Yes ☒ No

7. OTHER SOURCES OF EARNED INCOME

During the *reporting period* covered by this Statement, were any of the following (i) a compensated employee of someone other than the *City*; (ii) an owner (sole or partial) of a *business entity*; or (iii) a recipient of earned income from a *business entity*?

If you answer "yes" to any of these, complete and attach **Schedule 7**.

a. You

☒ Yes ☐ No

b. Your spouse or child

☒ Yes ☐ No

8. ADDITIONAL INFORMATION

Is there any other interest or information that you would like to disclose?

If you answer "yes", complete and attach **Schedule 8**.

☒ Yes ☐ No

PART E. SIGNATURE AND AFFIRMATION

I, William H. Cole Jr., solemnly affirm under the penalties of perjury that the contents of this Statement and of all accompanying Schedules are true to the best of my knowledge, information, and belief.

[Signature]
(Signature)

PART F. NOTARIZATION

STATE OF MARYLAND
CITY/COUNTY OF Baltimore

I CERTIFY that, on this 30th day of April, 2012, before me, a Notary Public in and for the City/County of Baltimore, personally appeared William H. Cole Jr., who acknowledged that this Statement, the accompanying Schedules, and the preceding Affirmation were all his/her act.

AS WITNESS, my hand and Notarial Seal:

[Signature]
(Notary Public)

My Commission Expires: 9-30-15

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SCHEDULE I
INTERESTS IN REAL PROPERTY

NOTE: For more than one property,
make additional copies of this Schedule.

1. LOCATION AND TYPE OF PROPERTY

Address or Legal Description: 4 [REDACTED] W. Hill Street, Baltimore, MD 21230

Type of Property:

☒ Improved ☐ Unimproved
☐ Residential ☐ Commercial

Other (explain): _____

2. HOLDER OF INTEREST

Name: William H. Cole IV and Michelle W. Cole

Relationship to Statement Maker:

☒ Self ☒ Spouse ☐ Child ☐ Parent ☐ Sibling ☐ Attributable Entity
☐ Unincorporated entity in which one of above held an *interest*

Address: same as above

3. NATURE OF INTEREST

Type of *interest*:

☒ Fee simple ☐ Life Estate ☐ Leasehold Other (explain): _____

How held:

☐ Solely held ☒ Jointly held*

*If jointly held, state % of interest: 50/50

4. OTHERS WITH *INTEREST* IN PROPERTY

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

5. CONDITIONS OR ENCUMBRANCES ON *INTEREST*

Describe the terms of any conditions or encumbrances on the *interest* and identify all parties involved:

First Mortgage - GMAC
Home Equity Line - USAA Federal Savings Bank

6. HOW *INTEREST* ACQUIRED

Person From Whom *Interest* Acquired:

Name: Dr. Richard Pfau
Address: _____

Date Acquired: October, 2001

Manner of Acquisition:

☒ Purchase ☐ Gift ☐ Inheritance

Other (explain): _____

If Acquired by Purchase:

Nature and dollar amount (or value) of consideration paid for *interest*: \$340,000

If Acquired Other Than by Purchase:

Fair market value of *interest* when acquired: \$ _____

7. TRANSFERS

If all or any part of the *interest* was transferred to another during the period covered by the Statement –

Person to Whom *Interest* Transferred:

Name: _____

Address: _____

Nature and amount of the *interest* transferred: _____

Nature and dollar amount (or value) of consideration received for the *interest*: _____

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SCHEDULE 2
INTERESTS IN BUSINESS ENTITIES

NOTE: For more than one *business entity*,
make additional copies of this Schedule.

1. IDENTITY OF BUSINESS ENTITY

Name: Cecil Bank and Cecil Bancorp, Inc.
Address of Principal Office: 127 North Street, Elkton, MD 21921

2. HOLDER OF INTEREST

Name: William H. Cole IV
Relationship to Statement Maker:
☒ Self ☐ Spouse ☐ Child ☐ Parent ☐ Sibling ☐ *Attributable Entity*
Address: _____

3. NATURE AND AMOUNT OF INTEREST

Type of *interest*:

☐ Sole proprietor ☐ General Partner ☐ Limited Partner ☐ Joint Venturer
☐ Trust Beneficiary ☐ Trustor ☐ Reversionary Trust Interest
☒ Stockholder ☒ Other (explain): Director

Amount of *interest*:

For a non-equity *interest* (e.g., notes or bonds) in any *business entity*, indicate –
dollar value of the *interest* : \$ _____

For an equity *interest* in a publicly traded corporation, specify *either* –

dollar value of the *interest* : \$ _____ *or*

number of shares owned: 2507

NOTE: Stock Split in 2011

For an equity *interest* in a non-publicly traded corporation or other *business entity*, specify –

either –

dollar value of the *interest*: \$ _____ or

both –

number of shares/ownership units owned: _____ and

percentage of company ownership represented by the *interest*: _____%

4. CONDITIONS OR ENCUMBRANCES

Describe the terms of any conditions or encumbrances on the *interest* and identify all parties involved:

5. HOW *INTEREST* ACQUIRED

Note: Complete the following if the *interest* was acquired during the period covered by this Statement.

{*Exception:* If the *interest* (i) was acquired by dividend, (ii) consists solely of additions to existing publicly corporate interests, and (iii) has a value of less than \$500, you need only complete the item below labeled “Manner of Acquisition”.}

Person From Whom *Interest* Acquired:

Name: _____

Address: _____

Date Acquired: _____

Manner of Acquisition:

___ Purchase ___ Gift ___ Inheritance

Other (explain): _____

If Acquired by Purchase:

Nature and dollar amount (or value) of consideration paid for *interest*: _____

If Acquired Other Than by Purchase:

Fair market value of *interest* when acquired: \$ _____.

6. TRANSFERS

If all or any part of the *interest* was transferred to another during the period covered by the Statement –

Person to Whom *Interest* Transferred:

Name: _____

Address: _____

Nature and amount of the *interest* transferred: _____

Nature and dollar amount (or value) of consideration received for the *interest*: _____

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SCHEDULE 3
POSITIONS WITH *BUSINESS ENTITIES* DOING *BUSINESS* WITH *CITY*

NOTE: For more than one *business entity* or more than one position holder,
make additional copies of this Schedule.

1. IDENTITY OF *BUSINESS ENTITY*

Name: University of Baltimore & University of Baltimore Foundation
Address of Principal Office: 1420 N. Charles Street, Baltimore, MD 21201

2. HOLDER OF POSITION

Name: William H. Cole IV

Relationship to Statement Maker:

☒ Self ☐ Spouse ☐ Child ☐ Parent ☐ Sibling

Address: _____

3. NATURE OF POSITION

Title: Associate Vice President (UB) & Assistant Director (UBF)

Date Started: 2003

General Duties: Supervise and manage staff in the office of Institutional Advancement; Major Gift Fundraiser; Serve as Assistant Dir. of the University's non-profit entity and subsidiaries

4. AGENCIES WITH WHICH *BUSINESS ENTITY* DOES BUSINESS

Identify each agency of the *City* with which *business entity* does business and, as to each, the nature of that business (specifying, at a minimum, whether the *business entity* (i) is involved in sales or contracts with the agency; (ii) is regulated by the agency; or (ii) is a lobbyist with respect to matters before the agency):

Unknown; some UB faculty and staff provide consulting services to the City of Baltimore and its agencies, but I am in no way involved.

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SCHEDULE 4
GIFTS FROM PERSONS DOING BUSINESS WITH CITY

NOTE: Provide the following information for
each *significant gift* or series of *gifts* from the same *person* or entity.
If needed, make additional copies of this Schedule.

1. IDENTITY OF PERSON MAKING GIFT

NOTE: Identify here the individual or entity by or on whose behalf, whether directly or indirectly,
the *significant gift* was given.

Name: N/A
Address: _____

2. RECIPIENT OF GIFT

Name: _____
Relationship to Statement Maker:
 ___ Self ___ *Family member* or other *person*, at your direction
Address: _____

3. NATURE OF GIFT

Describe *gift*: _____
Retail value when received: \$ _____

4. TRAVEL EXPENSES

If the *gift* entailed any payment for all or any part of a trip or for meals, beverages, lodging, entertainment, or other associated expenses, provide the following information for that trip:

Location: _____
Nature of Event: _____
Fair Market Value of Entire Trip: \$ _____
Amount Paid for by You: \$ _____
Amount Paid for by *Person* Identified in Section 1: \$ _____

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SCHEDULE 5
DEBTS TO PERSONS DOING BUSINESS WITH CITY

NOTE: For more than one *person* doing business with the City,
make additional copies of this Schedule.

1. IDENTITY OF CREDITOR

Name: N/A
Address of Principal Office: _____

2. DEBTOR

Name: _____
Relationship to Statement Maker:
 ___ Self ___ Spouse* ___ Child* ___ Parent* ___ Sibling*
Address: _____

*Describe your involvement in transaction: _____

3. DESCRIPTION OF DEBT

Date Incurred: _____
Terms of Payment:
 \$ _____ per
 ___ Month ___ Quarter ___ Year
 ___ Other (explain): _____
For _____ (number)
 ___ Months ___ Quarters ___ Years
 ___ Other (explain): _____

4. SECURITY FOR DEBT

☐ None

☐ Real Property (address): _____

☐ Personal Property (describe): _____

☐ Other (explain): _____

5. PRINCIPAL BALANCE

At start of *reporting period*: \$ _____

At end of *reporting period*: \$ _____

SCHEDULE 6
FAMILY MEMBERS EMPLOYED BY CITY

1. SPOUSE

Name: N/A
Address: _____

Name of Agency: _____
Title and Nature of Position: _____

2. CHILD

Name: N/A
Address: _____

Name of Agency: _____
Title and Nature of Position: _____

3. PARENT

Name: N/A
Address: _____

Name of Agency: _____
Title and Nature of Position: _____

4. SIBLING

Name: N/A
Address: _____

Name of Agency: _____
Title and Nature of Position: _____

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**SCHEDULE 7
OTHER SOURCES OF EARNED INCOME**

1. STATEMENT MAKER

Name of Statement Maker: William H. Cole IV

Business Entity's Name and Address: University of Baltimore, 1130 N. Charles St.
Baltimore, MD 21201

Title and Nature of Position: Associate Vice President for Institutional
Advancement

SEE BOTTOM OF THE PAGE FOR ADDITIONAL SOURCE OF EARNED INCOME

2. SPOUSE

Name of Spouse: Michelle W. Cole

Business Entity's Name and Address: Office of the Attorney General, Criminal
Appeals Division, 200 St. Paul Place, Baltimore, MD 21202

Title and Nature of Position: Assistant Attorney General

3. CHILD

Name of Child: _____

Business Entity's Name and Address: _____

Title and Nature of Position: _____

4. CHILD

Name of Child: _____

Business Entity's Name and Address: _____

Title and Nature of Position: _____

STATEMENT MAKER:

Name: William H. Cole IV

Business Entity's Name: Cecil Bancorp & Cecil Bank, Inc.
127 North Street, Elkton, MD 21921

Title and Nature of Position: Director at Cecil Bancorp (9/08),
holding company for Cecil Bank, and Director at Cecil Bank (11/10)

5. CHILD

Name of Child: _____

Business Entity's Name and Address: _____

Title and Nature of Position: _____

SCHEDULE 8
ADDITIONAL INFORMATION

See attachments following this page for stocks and mutual funds

CECB	Cecil Bank	2507 ***	2007, 08, 09, 10	\$2400
DIS	Disney	19	2001	\$735
F**	Ford Motor Company	18	2008, 2009	\$288
HPQ	Hewlett Packard	5	2001	\$125
IVV**	I-Shares	18	2001	\$2400
LVLT	Level 3	2 ***	2005	\$45
REV	Revlon	2	2008	\$20
SIRI**	Sirius XM	205	2001, 03, 10, 11	\$455

* estimated value of shares held at end of the calendar year

** indicates that all or some shares are held in an IRA

*** stock split or reverse split



American Funds®

Your investments

Last login: April 10, 2012, 7:46AM Pacific time

Total value (as of 04/09/2012):

[REDACTED]

Account Summary | Historical Summary

[REDACTED] WILLIAM H COLE IV
MD/TOD

Class A shares		NAV	Shares	Current value
Capital World Growth and Income Fund – A (CWGIX)	View fund activity	\$34.82	155.404	\$5,411.17
The Growth Fund of America – A (AGTHX)	View fund activity	\$32.34	178.953	\$5,787.34
Class A share total:				\$11,198.51
Class B shares		NAV	Shares	Current value
Capital World Growth and Income Fund – B (CWGBX)	View fund activity	\$34.65	71.635	\$2,482.15
The Growth Fund of America – B (AGRBX)	View fund activity	\$31.33	85.589	\$2,681.50
Class B share total:				\$5,163.65
Total account value:				\$16,362.16
Total value:				\$16,362.16

The Capital Group Companies

American Funds Capital Research and Management Capital International
Capital Guardian Capital Bank and Trust

American Funds websites:

americanfunds.com | americanfunds.com/adviser

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Organization: _____

Telephone: 410 205 5114

Date: 2 MAY 2012

Name on Form(s) Inspected: _____

Rawlings - BLAKE

Young

Middleton

BRANCH

Scott

COLE

Black